

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Emergency Pregnancy

Dates: 04/01/2017 - 06/30/2017

Grantee Name: Services of Minneapolis

Vendor#0000285535

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	0	0	7	5	3	1	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
3	3	2	7	1	0

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
2	14	0

4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
1	13	0	1	0	1	0

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
0	8	8

6. Client Type:

Mother	Father	Grandparent	Other